APR 2 0 2007

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Atty. Dkt. No. 026032-4592

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Boudinot, Richard

Title:

VEHICULAR VIDEO SYSTEM

Appl. No.:

10/748,470

Filing Date:

12/30/2003

Examiner:

Nelson Jr., Milton

Art Unit:

3636

Confirmation No.:

7062

Mail Stop **AF**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. EV 962271555 US April 20, 2007 (Express Mail Label Number) (Date of Deposit) Deborah A. Kocorowski

(Printed Name)

(Signature)

CERTIFICATE OF EXPRESS MAILING

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

The Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated October 25, 2006, and in the Advisory Action dated February 7, 2007, finally rejecting Claims 3, 6, 8-13, 16, 17, 21-23, 25-28, 32-43, 45-50, 53, 54 and 56-61.

- [X] The Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee
- [X] To be paid as detailed below

04/23/2007 BABRAHA1 00000006 10748470

01 FC:1401 02 FC:1253 500.00 OP 1020.00 OP The required fees are calculated below:

[X]	Notice of Appeal Fee	\$500.00
[X]	Extension for response filed within the third month:	\$1,020.00
[]	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
[]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,520.00

A credit card payment form in the amount of \$1,520.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date /

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Respectfully submitted,

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